

TSD File Inventory Index

Date: April 25, 2000

Initial: CMG/General

Facility Name: <u>Walden Lake Glass Company (Two Lake Site)</u>			
Facility Identification Number: <u>CAD 049 375 215</u>			
A.1 General Correspondence		B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status		.1 Correspondence	
.1 Correspondence	X	.2 All Other Permitting Documents (Not Part of the ARA)	
.2 Notification and Acknowledgment	X	C.1 Compliance - (Inspection Reports)	
.3 Part A Application and Amendments	X	C.2 Compliance/Enforcement	
.4 Financial Insurance (Sudden, Non Sudden)	X	.1 Land Disposal Restriction Notifications	
.5 Change Under Interim Status Requests		.2 Import/Export Notifications	
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents	
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	X
.1 Correspondence		.1 RFA Correspondence	
.2 Reports		.2 Background Reports, Supporting Docs and Studies	
A.4 Closure/Post Closure		.3 State Prelim. Investigation Memos	
.1 Correspondence		.4 RFA Reports	X
.2 Closure/Post Closure Plans, Certificates, etc		D. 2 Corrective Action/Facility Investigation	
A.5 Ambient Air Monitoring		.1 RFI Correspondence	
.1 Correspondence		.2 RFI Workplan	
.2 Reports		.3 RFI Program Reports and Oversight	
B.1 Administrative Record		.4 RFI Draft /Final Report	

Total - 2

.5 RFI QAPP		.6 CMI QAPP	
.6 RFI QAPP Correspondence		.7 Lab Data, Soil-Sampling/Groundwater	
.7 Lab Data, Soil-Sampling/Groundwater		.8 Progress Reports	
.8 RFI Progress Reports		D.5 Corrective Action/Enforcement	
.9 Interim Measures Correspondence		.1 Administrative Record 3008(h) Order	
.10 Interim Measures Workplan and Reports		.2 Other Non-AR Documents	
D.3 Corrective Action/Remediation Study		E. Boilers and Industrial Furnaces (BIF)	
.1 CMS Correspondence		.1 Correspondence	
.2 Interim Measures		.2 Reports	
.3 CMS Workplan		F.1 Imagery/Special Studies (Videos, Photos, Disks, Maps, Blueprints, Drawings, and Other Not Oversized Special Materials.)	
.4 CMS Draft/Final Report		G.1 Risk Assessment	
.5 Stabilization		.1 Human/Ecological Assessment ...	
.6 CMS Progress Reports		.2 Compliance and Enforcement ...	
.7 Lab Data, Soil-Sampling/Groundwater		.3 Enforcement Confidential	
D.4 Corrective Action Remediation Implementation		.4 Ecological - Administrative Record	
.1 CMI Correspondence		.5 Permitting	
.2 CMI Workplan		.6 Corrective Action/Remediation Study ...	
.3 CMI Program Reports and Oversight		.7 Corrective Action Remediation Implementation ...	
.4 CMI Draft/Final Reports		.8 Endangered Species Act	
.5 CMI QAPP		.9 Environmental Justice	

Note: Transmittal Letter to Be Included with Reports.

Comments: Documents do not justify individual folder structure. F1
Imagery/Special Studies are in separate folders.

**A.2 Part A/
Interim Status**



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.
Columbus, Ohio 43266-0149
(614) 644-3020
FAX (614) 644-2329

RECEIVED
WMD-RCRA
RECORD CENTER

JUL 15 1993

George V. Voinovich
Governor
Donald R. Schregardus
Director

July 1, 1993

Molded Fiber-Glass Company
Attn: Jay Finegan
P.O. Box 675
Ashtabula, OH 44004

RE: EPA ID#: OHD049375215

LOCATION of INSTALLATION: 4401 Benetit Ave
Ashtabula, OH 44004

In response to your request of March 1993 the following information has been updated:

Status: *small quantity generator*

Contact: *Jay Finegan*

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V
Ohio EPA District Office



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Jack Sanford, Safety Director
Molded Fiber Glass Company
4401 Benefit Avenue
P.O. Box 675
Ashtabula, Ohio 44004
RE: Interim Status Acknowledgement
FACILITY NAME: MOLDED FIBER GLASS CO

USEPA ID No. OHD 049 375 215

Dear Mr. Sanford:

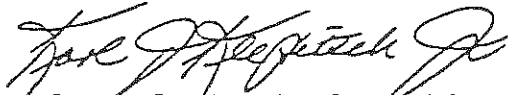
This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch



Enclosure

cc: Ken Sippola, Robert Morrison

OH0049375215

PS Form 3811, Jan. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

1. SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
☐ Show to whom and date delivered. \$
☐ Show to whom, date and address of delivery. \$
☐ RESTRICTED DELIVERY
Show to whom and date delivered. \$
☐ RESTRICTED DELIVERY.
Show to whom, date, and address of delivery. \$
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Jack Sanford
4401 Benefit Ave.
Ashtabula, OH 44004

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	313660	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
Richard R. ...

4. DATE OF DELIVERY: FEB 12 1982

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

POSTMARK
FEB 12 1982
ASHTABULA, OH

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



RETURN
TO



USEPA - Region V - RCRA Activities
(Name of Sender)

P.O. Box A3587
(Street or P.O. Box)

Chicago, IL 60690-3587
(City, State, and ZIP Code)



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

OCT 6 1981

Molded Fiber Glass Company
Jack Sanford
4401 Benefit Ave.
Ashtadula, Ohio 44004

RE: Hazardous Waste Permit Application-Incomplete Part A (OHD049375215)
Facility Name (and EPA ID number)
Facility Address

We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items. Please complete all missing items marked with an asterisk (*) on the application form, and return the form in time to reach this office by December 7, 1981. All other missing items marked on the checklist should be completed and may be forwarded to this office under separate cover by January 7, 1982.

All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility qualifies for interim status. Once you receive interim status, your facility may continue operating under the interim status standards until such time as a Part B application is requested by USEPA. At that time, you will have up to six months to submit the Part B portion of the application and to show that you comply with the final detail technical standards.

Please note that some of your original entries on the forms may be changed. We have coded your forms to accommodate key punching for subsequent computer processing; all of our coding was done in blue ink only.

If you have any questions or wish to discuss the missing items on the checklist, please feel free to contact Paul Lewandowski,
the reviewer of your application, at (312) 886-6164
or me at (312) 886-7449.

Sincerely yours,


Arthur S. Kawatachi
Regional Project Officer

Enclosure

P.S. All missing items marked with an asterisk must be submitted to us with a cover letter signed by the appropriate certifying official (Item XIII on Form 1 and/or Item IX and X on Form 3) or his duly authorized representative.

PS Form 3800, Feb. 1982

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☒ Show to whom and date delivered
☐ Show to whom, date, and address of delivery

2. ☐ **RESTRICTED DELIVERY**
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. **ARTICLE ADDRESSED TO:** OH0049379215
 MOLDED FIBER GLASS CO.
 4401 BENEFIT AVE.
 ASHTABULA OH 44004

4. **TYPE OF SERVICE:** **ARTICLE NUMBER:**
☐ REGISTERED ☐ INSURED P 23
☒ CERTIFIED ☐ COD 6913273
☐ EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
Richard R. ...

5. **DATE OF DELIVERY** OCT - 4 1982

6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**

P 371 345 842

RECEIPT FOR CERTIFIED MAIL

0 INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to OH0049379215
 MOLDED FIBER GLASS CO.
 Street and No. P O Box 675
 P.O., State and ZIP Code ASHTABULA OH 44004

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to whom and Date Delivered

Return Receipt Showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date OCT 4 1982

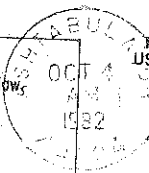
PS Form 3800, Feb. 1982

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



RETURN
TO

↓
EPA RCRA FINANCIAL REQ.
(Name of Sender)

PO BOX A3587
(Street or P.O. Box)

CHICAGO IL 60690
(City, State, and ZIP Code)



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-TUB

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Jack Sanford
Molded Fiber Glass Company
4401 Benefit Ave.
P.O. Box 675
Ashtabula, Ohio 44004

RE: Molded Fiber Glass Co.
OHD049375215 ✓

Dear Mr. Sanford:

The referenced company is a hazardous waste treatment, storage, or disposal facility subject to the Resource Conservation and Recovery Act (RCRA) as amended. Federal regulations (40 CFR Part 265 Subpart H) require that such facilities shall provide to the United States Environmental Protection Agency (U.S. EPA) proof of financial assurance for closure by July 6, 1982, and proof of liability coverage by July 15, 1982 (40 CFR 265.143 and 265.147 respectively).

To date U.S. EPA has not received these proofs; consequently, the facility is in violation of the requirements of 40 CFR Part 265 Subpart H. The Agency considers these financial responsibility proofs as significant requirements of the hazardous waste regulations. Failure to provide these required proofs within 30 days of receipt of this notice may subject the facility to enforcement action. RCRA provides for civil penalties up to \$25,000 per violation. Please forward the financial responsibility proofs to:

RCRA Activities
ATTN: Financial requirements
P.O. Box A3587
Chicago, IL 60690

Mr. Thomas B. Golz, at (312) 886-4023, can provide additional information concerning this notice.

Sincerely,

William H. Miner, Chief
Technical, Permits, and Compliance Section

cc: Tegtmeyer - OEPA

OHD 049 375 215

MOLDED FIBER GLASS CO

ROBERT S MORRISON

4401 BENEFIT AVE
ASHTABULA

OH 44004

DESIGN CAPACITY

UNIT OF MEASURE

500.00000

G

KEY

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
STORAGE:				
			GALLONS	G
			LITERS	L
CONTAINER	501	G or L	CUBIC YARDS	Y
TANK	502	G or L	CUBIC METERS	C
WASTE PILE	503	Y or C	GALLONS PER DAY	U
SURFACE IMPOUNDMENT	504	G or L	LITERS PER DAY	V
DISPOSAL:				
			TONS PER HOUR	D
			METRIC TONS/HOUR	W
INJECTION WELL	D79	G, L, U, or V	GALLONS/HOUR	E
LANDFILL	D80	A or F	LITERS/HOUR	H
LAND APPLICATION	D81	B or Q	ACRE-FEET	A
OCEAN DISPOSAL	D82	U or V	HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G or L	ACRES	B
TREATMENT:				
			HECTARES	Q
			POUNDS/HOUR	J
TANK	T01	U or V	KILOGRAMS/HOUR	R
SURFACE IMPOUNDMENT	T02	U or V	TONS PER DAY	N
INCINERATOR	T03	D, W, E, or H	METRIC TONS/DAY	S
OTHER	T04	U, V, J, R, N, or S		

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

MOLDED FIBERGLASS CO *
PO BOX 605
ASHTABULA, OH 44004SPITZHALD RD
ASHTABULA, OH 44004

000031 JUL 29 80

duplicate

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER 2

APPROVED

DATE RECEIVED (yr., mo., & day)

F 0110066045824

800729

I. NAME OF INSTALLATION

MOLDED FIBER GLASS CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

34401 BENEFIT AVE

CITY OR TOWN

4 ASHTABULA OHIO

ST.

ZIP CODE

44004

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

54401 BENEFIT AVE

CITY OR TOWN

6 ASHTABULA OHIO

ST.

ZIP CODE

44004

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 JACK SANFORD SAFETY DIRECTOR

216-997-5851

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 ROBERT MORRISON

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

0110066045824

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

JUL 29 1980

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 F003 23 - 26	3 F005 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Jack Sanford

NAME & OFFICIAL TITLE (type or print)

JACK SANFORD
SAFETY DIRECTOR

DATE SIGNED

7/24/80

EPA Form 8700-12 (6-80) REVERSE

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

OHDO 49375215

NAME OF IN-
STALLATION

MOLDED FIBER GLASS COMPANY

II. INSTALLATION
MAILING
ADDRESS

4401 Benefit ave.

PLEASE PLACE LABEL IN THIS SPACE

Ashtabula, Ohio 44004

III. LOCATION OF IN-
STALLATION

4401 Benefit ave.

Ashtabula, Ohio

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

C OHDO 49375215

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F OHDO 49375215

T/A C

800807

I. NAME OF INSTALLATION

Molded Fiber Glass Co

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C 4401 BENEFIT AVE

CITY OR TOWN

ST.

ZIP CODE

C ASHTABULA

44004

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C 4401 BENEFIT AVE

CITY OR TOWN

ST.

ZIP CODE

C ASHTABULA

44004

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

C SANFORD JACK

SAFETY DIR

216-997-5851

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

C ROBERT MORRISON

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

O H D O 4937-5215

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W	O	N	D	D	4	9	3	7	5	2	1	5	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F003	3 F005	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Jack Sanford</i>	NAME & OFFICIAL TITLE (type or print) JACK SANFORD SAFETY DIRECTOR	DATE SIGNED 8/4/80
----------------------------------	--	-----------------------

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

OHD049375215

NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

MOLDED FIBER GLASS CT MLDG CO*
4401 BENEFIT AVE
ASHTABULA, OH 44004

000062 JUL 25 80

III. LOCATION OF INSTALLATION

4401 BENEFIT AVE
ASHTABULA, OH 44004

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

OHD049375215

A

800725

I. NAME OF INSTALLATION

MOLDED FIBER GLASS CO.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

34401 Benefit Ave

CITY OR TOWN

Ashtabula, Ohio

ST.

ZIP CODE

44004

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

54401 Benefit Ave

CITY OR TOWN

Ashtabula, Ohio

ST.

ZIP CODE

44004

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 Sanford Jack Safety Dir.

216-997-5851

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Robert S. Morrison

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

A. GENERATION

B. TRANSPORTATION (complete item VII)

C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR

B. RAIL

C. HIGHWAY

D. WATER

E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

OHD049375215

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

JUL 25 1980

7-21-80

7/2/80

W	D	H	D	0	4	9	3	7	5	2	1	5	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 3	3 F 0 0 5	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Jack Sanford
Safety Director

DATE SIGNED

June 30, 1980

EPA Form 8700-12 (6-80) REVERSE

08-16-7

0801 25 100

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE.
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

U.S.G.P.O. 1987-176-131

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

**RETURN
TO** ➡



**PENALTY FOR PRIVATE
USE, \$300**

Arnold Patulski, 5H5-13
(Name of Sender)
U.S. EPA 230 So Newbury St
(No. and Street, Apt., Suite, P.O. Box or R.D. No.)
Chicago, Ill 60604
(City, State, and ZIP Code)

PS Form 3811, July 1983 447-845

545-13

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- ☒ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.
- Article Addressed to:
LAWRENCE NARDUCCI
Post Ofc Box 675
Ashtabula, OH 44004
- Type of Service:

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	

Article Number
707061773

Always obtain signature of addressee or agent and
DATE DELIVERED

- Signature - Addressee
X Susan Keasling
- Signature - Agent
X
- Date of Delivery
6-3-88
- Addressee's Address (ONLY if requested and fee paid)
PO Box 675
Ashtabula, Ohio 44004
OH 44004

DOMESTIC RETURN RECEIPT

P 707 061 773
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent by Lawrence Narducci
 Street and Apt. POB 675
 P.O. State and ZIP Code Ashtabula, OH 44004

Postage	\$ <u>25</u>
Certified Fee	<u>85</u>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<u>90</u>
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$ <u>2.00</u>
Postmark or Date	

PS Form 3800, June 1985

U.S. MAIL

PS Form 3811, July 1983 447-845

545-13

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- ☒ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:
 LAWRENCE NARDUCCI
 Post Office Box 675
 Ashtabula, OH 44004

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	1907061773

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X Susan Keasling

6. Signature - Agent
 X

7. Date of Delivery
 6-3-88

8. Addressee's Address (ONLY if requested and fee paid)
 PO Box 675
 Ashtabula, Ohio 44004
 OHD 049375215

DOMESTIC RETURN RECEIPT

P 707 061 773
 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

545-13

Sent to	Lawrence Narducci
Street and No.	POB 675
P.O. State and ZIP Code	Ashtabula, OH 44004
Postage	\$ 25
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$ 2.00
Postmark or Date	

PS Form 3800, June 1985

UNU 049375215

27 MAY 1988

5HS-13

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Lawrence A. Narducci
Materials Manager
Molded Fiber Glass Company
4401 Benefit Avenue
Post Office Box 675
Ashtabula, Ohio 44004

RE: Withdrawal of Part A Application
Molded Fiber Glass Company
OHD 049375215

Dear Mr. Narducci:

We have completed our review of your Part A Hazardous Waste Permit Application and your letter of May 6, 1988, requesting the withdrawal of your permit application. According to the information which you have submitted, your request for a change in status to that of a "generator accumulating waste on-site in compliance with 40 CFR §262.34" has been approved. For purposes of the Resource Conservation and Recovery Act, you are now considered a "generator of hazardous waste". As a generator, you are subject to the regulations contained in 40 CFR Part 262, and any other applicable regulations referenced therein. Your facility is no longer considered a treatment, storage, or disposal (TSD) facility.

You will retain your United States Environmental Protection Agency identification number as a generator of a hazardous waste, as set forth in 40 CFR §262.12.

Should you decide to initiate storage of hazardous waste generated on-site for longer than 90 days, you must comply with the applicable permit requirements set forth in 40 CFR Part 270.

Please contact Mr. Daniel Patulski of my staff, at (312) 886-0656, if you have any questions on this matter.

Sincerely,

ORIGINAL SIGNED BY/

KARL E. BREMER

Karl E. Bremer, Chief
RCRA Permitting Branch

cc: Edwin Lim, OEPA
Dave Wertz, OEPA

5HS/Patulski:vw 5/24/88 Disk #1

52688

RCRA PERMITS	TYP.	AUTH.	IL. CHIEF	IN. CHIEF	ML. CHIEF	MN/WI CHIEF	OH. CHIEF	RPB CHIEF	O.R. A.D.D.	WMD DIR
INIT. DATE	<i>VW</i> <i>5/25</i>	<i>DB</i> <i>5/26/88</i>					<i>J.P.N.</i> <i>5-26</i>	<i>45/5</i> <i>5/27/88</i>		

-88

MFG



MOLDED FIBER GLASS COMPANY

P.O. BOX 675
ASHTABULA, OHIO 44004
PHONE: (216) 997-5851
FAX: (216) 992-0542
TELEX: 985465MFGAST

May 6, 1988

Mr. Daniel Patulski
United States Environmental Protection Agency
Region 5
230 South Dearborn Street
Chicago, Illinois
60604

Dear Daniel,

This letter will confirm our phone conversation of May 6, 1988. The Molded Fiber Glass Company does not store any hazardous waste for longer than 90 days. Nor have we ever stored for longer than 90 days. We send our wastes to Chemical Solvents for recycling. They currently are picking up our wastes on a weekly basis to be recycled.

Also, I am sending you a copy of the certified letter I sent to RCRA Activities February 18, 1986. Your immediate response to this request will be greatly appreciated. Should you need more information from me please call 216-997-5851.

Sincerely yours,

MOLDED FIBER GLASS COMPANY

Lawrence A. Narducci

Lawrence A. Narducci
Materials Manager

LN/ag

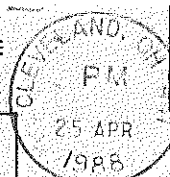
UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

Daniel Patulski 5HS-JCK-13
U.S. EPA 2301 N. Main
Chicago, Ill 60604

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you have a inquiry.

5HS-JCK-13

Patulski

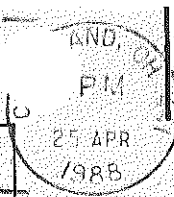
U.S.G.P.O. 1887-176-131

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

Daniel Patulski 5HS-JCK-13
U.S. EPA 230 N. Dearborn
Chgo, Ill 60604

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 4 of Form 3811.
6. Save this receipt and present it if you make inquiry.

5HS-JCK-13

Patulski

U.S.G.P.O. 1987-176-131

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person to whom the article is delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
(Extra charge) (Extra charge)

3. Article Addressed to:
Jack Sanford
4401 Benefit Ave
Ashtabula, OH 44004

4. Article Number
P 707061759

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Susan Keasling

6. Signature - Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

P 707 061 759

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

5HS-JCK-13 (See Reverse)

Send to <i>Jack Sanford</i>	
Send to <i>4401 Benefit Ave</i>	
P. State and ZIP Code <i>Ashtabula, OH 44004</i>	
Postage <i>2.74</i>	
Certified Fee <i>.85</i>	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

PS Form 3800, June 1985

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person to whom the article was delivered and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
(Extra charge) (Extra charge)

3. Article Addressed to:
Jack Sanford
4401 Benefit Ave
Ashtabula, OH 44004

4. Article Number
P707061759

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X Susan Krasberg

6. Signature - Agent
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3800, June 1985

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

5HSJCK13 (See Reverse)

Send to
Jack Sanford
4401 Benefit Ave
Ashtabula, OH 44004

Postage
2.74

Certified Fee
.85

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees

Postmark or Date

PS Form 3800, June 1985



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

CHICAGO, ILLINOIS 60604

22 APR 1988

REPLY TO THE ATTENTION OF:

5HS-13

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jack Sanford
Safety Director
Molded Fiber Glass Company
4401 Benefit Avenue
Ashtabula, Ohio 44004

withdrawn

RE: Part B Call-in
Molded Fiber Glass Company
OHD 049 375 215

Dear Mr. Sanford:

Some time ago, you should have received an acknowledgement of the United States Environmental Protection Agency's (U.S. EPA) receipt of your Part A permit application material for the above-referenced hazardous waste facility under the Resource Conservation and Recovery Act (RCRA) permit program. Accordingly, your facility is currently authorized with interim status under Section 3005(e) of RCRA. This letter constitutes the next step in the formal process leading toward issuance or denial of a RCRA permit. Under the authority of 40 CFR §270.10, this is a formal request for submittal of Part B of the permit application for the above-referenced facility. The Part B application is due six months from the date you receive this letter.

Enclosed is a copy of 40 CFR Part 270 which lists the items required for submitting the Part B permit application for your facility. A copy of the "Part B Completeness Checklist" is enclosed to help you in preparing a comprehensive and complete permit application.

If your facility chooses not to pursue a full RCRA permit, you may withdraw your intent to seek a permit by filing a closure plan with the U.S. EPA and Ohio Environmental Protection Agency (OEPA). Federal RCRA closure regulations (40 CFR Subpart G) require that you submit a closure plan to: George Hamper (5HS-13), Chief, Ohio Section, U.S. EPA - Region V, 230 South Dearborn Street, Chicago, Illinois 60604. Approval by both Agencies is necessary prior to commencement of any activities that are part of the closure plan.

Some facilities may be unable to comply with the financial responsibility requirements for liability coverage under 40 CFR §264.147. If your facility is unable to meet these requirements, or any other applicable requirements of 40 CFR Parts 270 or 264, then we must deny the permit for your facility. In that case, you would probably want to submit a closure plan under 40 CFR Subpart G rather than the completed Part B application.

If your facility never actually treated, stored, or disposed of hazardous waste under RCRA, then it may not be necessary to submit either a Part B application or a closure plan. However, you will have to submit a Part A withdrawal request for review. This request must demonstrate that your facility never actually qualified for interim status because either: 1) the waste was not a hazardous waste as defined in 40 CFR §261; 2) that there has been no treatment, storage, or disposal of the waste since November 19, 1980; or 3) that the hazardous waste management process was exempt from the permitting requirements of RCRA. For example, storage of waste generated on-site in containers or tanks less than 90 days is exempt from the permitting requirements of RCRA in accordance with 40 CFR §262.34. Likewise, treatment in a wastewater tank is exempt under 40 CFR §270.1(c)(2)(u). A withdrawal request must incorporate the signatory requirements contained in 40 CFR §270.11.

The Agency is committed to conducting the RCRA permitting process as efficiently as possible. Consequently, you may want to contact Mr. Daniel Patulski of my staff, at (312) 886-0656, to discuss any questions or concerns you have regarding the preparation of the application. Mr. Patulski will be available to discuss specific needs of your application or to meet with you in Chicago. These efforts are intended to generate complete applications, without requiring any information beyond that which is necessary to make RCRA permit decisions.

Should you have any questions about confidentiality of information, please refer to the enclosed rules on confidentiality as set forth in 40 CFR Part 2 and 40 CFR §270.12 of RCRA. If you anticipate asserting a claim of confidentiality, please review the above-referenced enclosure regarding substantiation of confidentiality (§2.208) that sets forth the criteria that must be met for claiming confidentiality.

Please be reminded that submission of the Part B application must be made six months from the receipt date (i.e., date this letter is received). Upon completion of the application, please send two copies to the U.S. EPA and three copies to the OEPA. Please number each page of the application uniquely, including all attachments (maps, specifications, etc.). A certification statement identical to the one stated in 40 CFR §270.11(d) must accompany each application and all additional submittals. Send two copies of the application to the following address:

RCRA ACTIVITIES
Part B Permit Application
U.S. EPA, Region V
Post Office Box A-3587
Chicago, Illinois 60690-3587

Send three copies to: Thomas Crepeau
Ohio Environmental Protection Agency
Division of Solid & Hazardous Waste Management
Post Office Box 1049
Columbus, Ohio 43266-1049

Failure to furnish the complete Part B permit application by the above date, and to provide in full all required information, is grounds for termination of interim status under 40 CFR §270.10. In addition, failure to answer this request may also result in subsequent enforcement action by the U.S. EPA.

Upon receiving the Part B application, the U.S. EPA will coordinate its review with the OEPA and will strive for the simultaneous issuance of Federal and State hazardous waste facility permits. It is possible that during the processing of the application, the State hazardous waste program may become authorized to issue RCRA permits for your type of facility. In that case, direct Federal processing will cease, and OEPA, in lieu of U.S. EPA, will make the final determination on your permit application.

A copy of 40 CFR Part 264 is enclosed to help you in addressing the requirements and standards for the operation of treatment, storage and disposal facilities. These standards will become applicable to your facility upon issuance of a RCRA permit by U.S. EPA. A copy of the July 14, 1986, hazardous waste tank system regulatory amendments is also enclosed. These new rules establish technical standards and operating procedures for the owners and operators of tank systems that use tanks for accumulating, storing or treating hazardous waste. These rules may be applicable to your facility and are, therefore, enclosed for your information.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (HSWA) were signed into law. This new law amends RCRA and contains many provisions which may affect your facility. Under the corrective action requirements of HSWA, your facility is required to correct all releases of hazardous waste or constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. Please note that the corrective action requirements apply to all solid waste management units, not just the hazardous waste management units subject to the permitting requirements. Enclosed is a document entitled "Certification Regarding Potential Releases from Solid Waste Management Units." It is necessary for you to complete and submit this form with your Part B application to help address corrective action requirements. If you previously completed and submitted this form, and if the information is accurate and up-to-date, you may simply include a copy of your previous submittal in your Part B application.

This Agency looks forward to working with you toward fulfilling the above request. Again, should you have any questions concerning the above matter, please contact us for assistance.

Sincerely,



William E. Muno
Acting Associate Division Director
Office of RCRA

Enclosures: 40 CFR Part 270 (applicable parts)
Part B Completeness Checklist
40 CFR Part 2 (applicable parts)
40 CFR Part 264 (applicable parts)
Certification Regarding Potential Releases
from Solid Waste Management Units

cc: Paul Flanigan, OEPA
District Office Manager, OEPA
Ed Lim, OEPA

N/A

MFG



MOLDED FIBER GLASS COMPANY

P. O. BOX 675
ASHTABULA, OHIO 44004
PHONE: (216) 997-5851

OAD

049 375 215

February 18, 1986

RCRA Activities
Region V
P.O. Box A3587
Attention: ATKJG
Chicago, IL 60690

Gentlemen:

This is in reply to your letter of January 30, 1986 regarding hazardous waste permit application. The Molded Fiber Glass Company does not store any hazardous waste for longer than 90 days. We do store our hazardous waste in drums on a concrete pad with curbing, and to this date, have had no spills.

We do not reclaim any of our wastes here at Molded Fiber Glass Company. If I am misunderstanding your letter, please feel free to call me at (216) 997-5851, Ext. 231, to discuss.

Sincerely,

MOLDED FIBER GLASS COMPANY

Lawrence A. Narducci

Lawrence A. Narducci
Purchasing Manager

LAN/gb

29

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER OHDO 49375215	
LABEL ITEMS				GENERAL INSTRUCTIONS	
II. FACILITY NAME		OHDO 49375215		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME		Molded Fiber Glass Co.			
V. FACILITY MAILING ADDRESS		4401 Benefit ave. Ashtabula, Ohio 44004			
VI. FACILITY LOCATION		4401 Benefit ave. Ashtabula, Ohio			

II. POLLUTANT CHARACTERISTICS		
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		
SPECIFIC QUESTIONS	MARK 'X'	
YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X	

III. NAME OF FACILITY	
1	SKIP
15	20
Molded Fiber Glass Company	

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2	JACK SANFORD SAFETY DIRECTOR
15	20
25	30
35	40
45	50
55	60
216 997 5851	

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3	4401 BENEFIT AVE	OH	44004
15	20	25	30
35	40	45	50
55	60	65	70
PO Box 675			

VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	Ashtabula	Ashtabula	OH	44004	
15	20	25	30	35	40
45	50	55	60	65	70
4401 BENEFIT AVE					

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 (specify)										78079 (specify) Plastic									
C. THIRD										D. FOURTH									
73189 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
8 Ken Sippola President																														YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)									
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) Company President																														C A 216 999 5851									
S = STATE O = OTHER (specify)																														15 16 17 18 19 20 21 22 23 24 25									
E. STREET OR P.O. BOX																																							
4401 BENEFIT Ave																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B Ash Abul A																				PA					44004					Is the facility located on Indian lands? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R OH DO 49375215															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Molded Fiber Glass company, is a reinforced fiberglass production of parts for homes, farm machinery, auto industries, and marine use, mixing of fiberglass and resin and cure time in a press machine to produce parts:

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Ken Sippola President & General Mgr.															Kenneth W Sippola															8/5/80									

COMMENTS FOR OFFICIAL USE ONLY

C																													
15 16 17 18 19 20 21 22 23 24 25																													

FORM 3 RCRA		 HAZARDOUS WASTE PERMIT APPLICATION <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small>		I. EPA I.D. NUMBER																																																																																			
				F O H D O 4 9 3 7 5 2 1 5																																																																																			
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23				24				25																																																																															
II. FIRST OR REVISED APPLICATION																																																																																							
<p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.</p>																																																																																							
<p>A. FIRST APPLICATION (place an "X" below and provide the appropriate date)</p>																																																																																							
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p><input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)</p><div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">YR.</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">MO.</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">DAY</div></div><div style="margin-left: 10px;">FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</div></div><div style="width: 45%; text-align: right;"><p><input type="checkbox"/> 2. NEW FACILITY (Complete item below.)</p><div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">YR.</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">MO.</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">DAY</div></div><div style="margin-left: 10px;">FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</div></div></div>																																																																																							
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III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																																							
<p>A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).</p>																																																																																							
<p>B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.</p>																																																																																							
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<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">PROCESS</th><th style="width: 10%;">PRO-CESS CODE</th><th style="width: 20%;">APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th><th style="width: 30%;">PROCESS</th><th style="width: 10%;">PRO-CESS CODE</th><th style="width: 20%;">APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td colspan="6">Storage:</td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</td><td>T04</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td colspan="6">Disposal:</td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td><td></td><td></td><td></td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td><td></td><td></td><td></td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td><td></td><td></td><td></td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr></tbody></table>																PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	Storage:						CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY	Disposal:						INJECTION WELL	D79	GALLONS OR LITERS				LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				LAND APPLICATION	D81	ACRES OR HECTARES				OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY				SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
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<p>EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</p>																																																																																							
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing it, if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W O H D O 4 9 3 7 5 2 1 5 <small>12 14 15</small>													W <small>1 2</small>												
T/A C <small>13 14 15</small>													T/A C <small>13 14 15 23 26</small>												
DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
1	F 0 0 1	43,000	P																						Methylene Chloride
2	F 0 0 3	19,200	P																						Acetone
3	F 0 0 5	4,800	P																						Methyl Ethyl Ketone
4																									
5																									
6																									
7																									
8																									
9																									
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24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

All processes listed in D-2, are used in cleaning of fiberglass parts, and cleaning of equipment.

There are no wastes going into any storm or sanitary sewers.

All process wastes used in cleaning is placed back in Drums and is trucked from property to suitable dumping sites by an outside contractor.

EPA I.D. NO. (enter from page 1)

S	F	O	H	D	0	4	9	3	7	5	2	1	5	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

55	56	57	58	59	60	61	62	63	64	65
----	----	----	----	----	----	----	----	----	----	----

LONGITUDE (degrees, minutes, & seconds)

72	73	74	75	76	77	78	79	80	81	82
----	----	----	----	----	----	----	----	----	----	----

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	R	O	B	E	R	T	S	.	M	O	R	R	I	S	O
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	

2	1	6	-	9	9	7	-	5	8	5	1
33	34	35	36	37	38	39	40	41	42	43	44

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	4	4	0	1	B	e	n	e	f	i	t	a	v
33	34	35	36	37	38	39	40	41	42	43	44	45	46	

C	G	A	s	t	a	b	u	l
47	48	49	50	51	52	53	54	

O H

4	4	0	0	4
55	56	57	58	59

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert S. Morrison

B. SIGNATURE

Robert S. Morrison

C. DATE SIGNED

9/18/1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

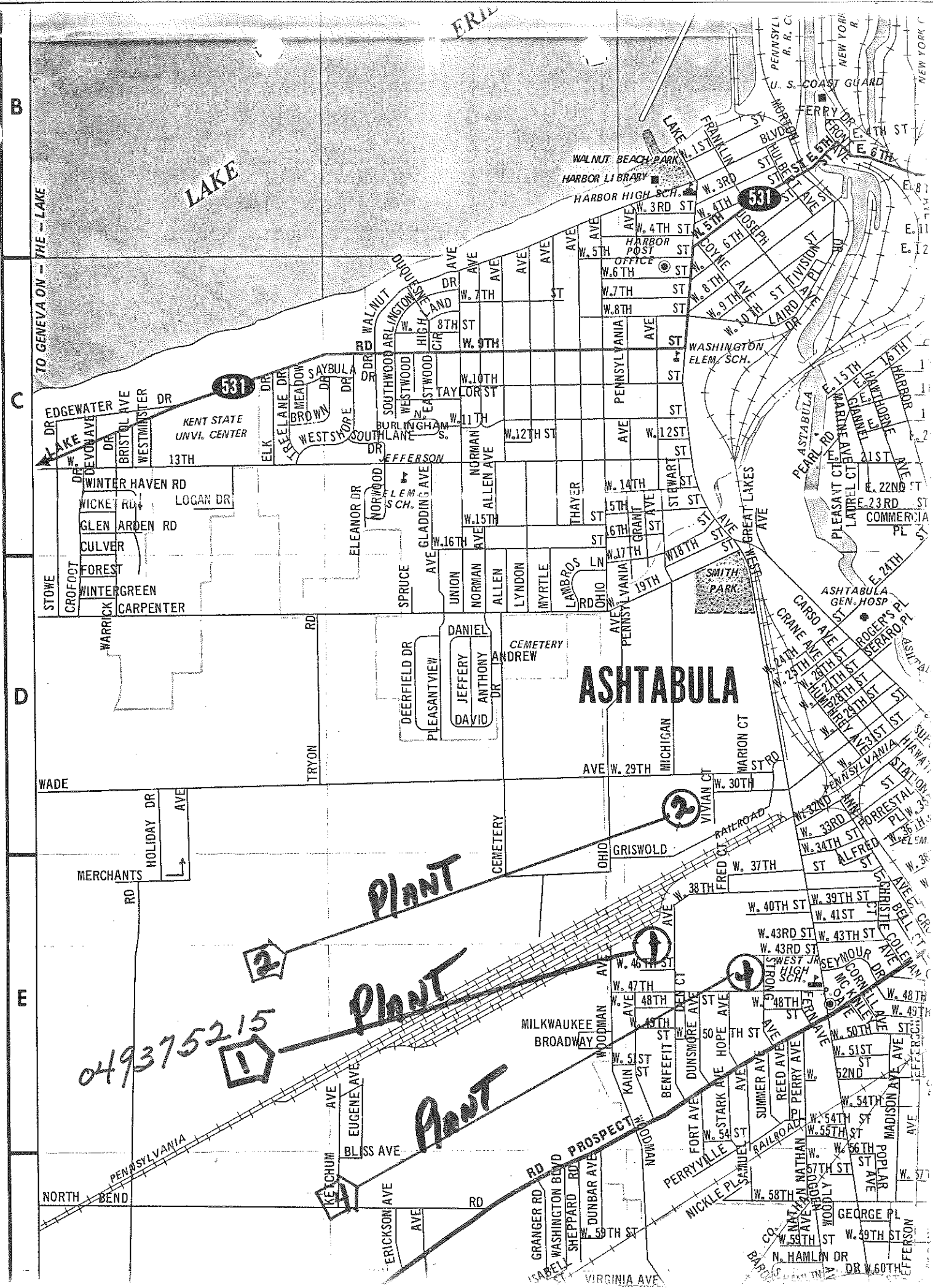
Ken Sippola

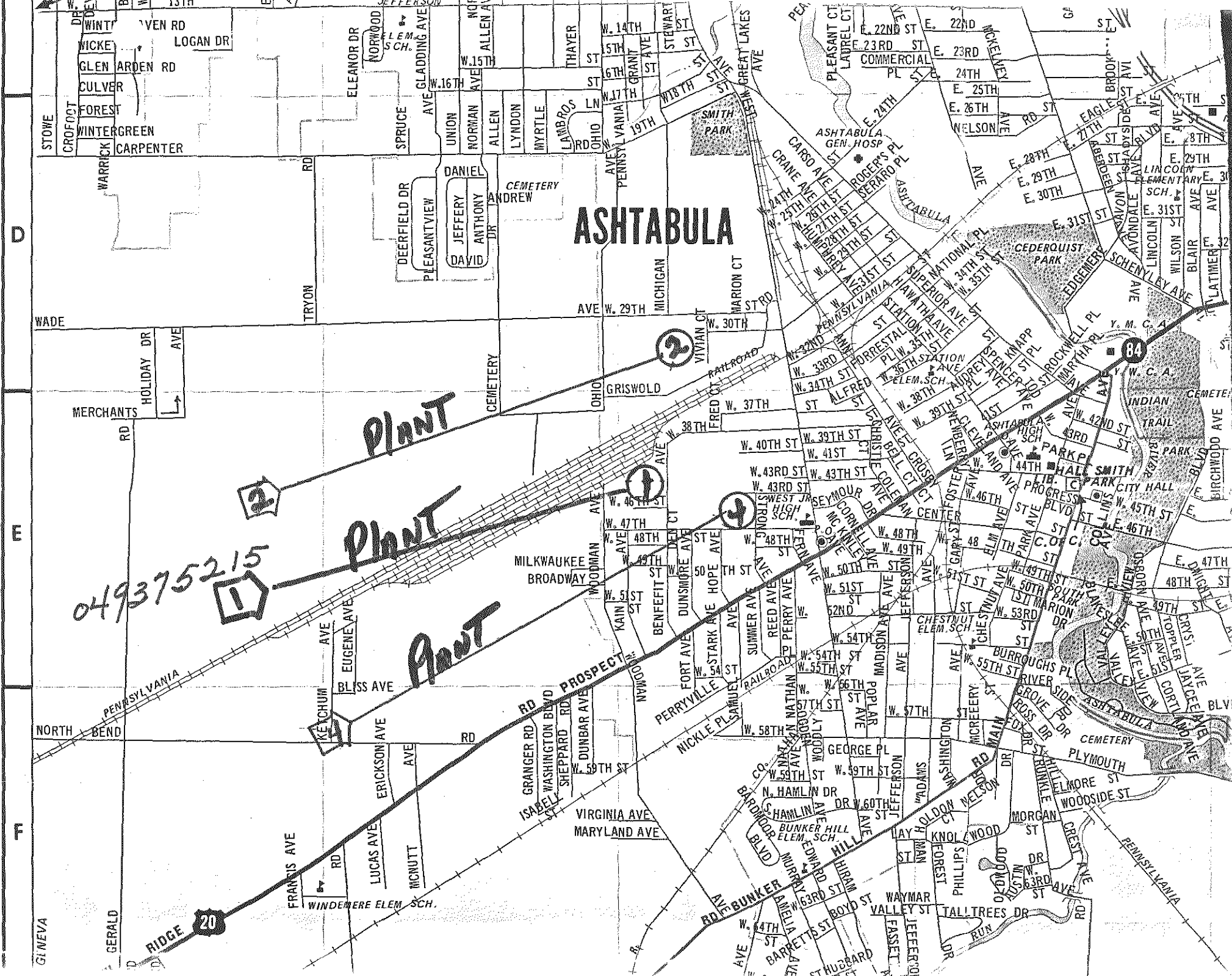
B. SIGNATURE

Kenneth M Sippola

C. DATE SIGNED

9/19/80





ASHTABULA

PLANT
PLANT
ANT

049375215

1

2

1

4

20

MFG



molded fiber glass companies

corporate offices:
1315 west 47th street
p.o. box 675 - ashtabula, ohio 44004
phone 216/997-5851

Doy C. Gillespie
treasurer

October 12, 1982

RCRA Activities
Attention: Financial requirements
P. O. Box A3587
Chicago, Ill 60690
Attn: 5HW-TUB

RECEIVED

OCT 14 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V

Re: Molded Fiber Glass Company
OHDO 49375215

Gentlemen:

Per your request to Mr. Jack Sanford via a certified letter from Mr. William Miner, I'm enclosing the following:

- 1) As proof of financial assurance I offer a copy of our consolidated financial statement;
- 2) As proof of liability coverage I offer a Certificate of Insurance from Liberty Mutual Insurance Company.

Please contact me if further information is required.

Very truly yours,

Doy C. Gillespie

DCG/mm

Enclosures

DIVISIONS: molded fiber glass company • MFG union city operations • molded fiber glass tray company •
MFG water treatment products company

AFFILIATES: morrison molded fiber glass company • glastrusions, inc.

MOLDED FIBER GLASS COMPANIES
CONSOLIDATED BALANCE SHEET
AUGUST 28, 1982

(Unaudited)

<u>Assets</u>	<u>Total</u>
Current Assets:	
Cash	\$ 166,600
Receivables:	
Trade	4,245,400
Notes	42,800
Inventories:	
Raw Materials	1,962,200
Work-in-Process	734,500
Finished Products - Resale	535,800
Finished Products - Rental	726,800
LIFO Reserve	(1,688,000)
Customer Dies in Process	(3,600)
Prepaid Insurance & Deposits	84,900
Other Prepaid Expenses	86,900
Investments:	
Securities at Cost - Note A	<u>1,189,800</u>
Total Current Assets	<u>8,084,100</u>
Property, Plant, Equip. Etc.	
Cost	22,924,400
Accumulated Depreciation	<u>11,105,000</u>
Net Property, Plant, Equip. Etc.	<u>11,819,400</u>
Other Assets:	
Long-Term Portion - Notes Receivable	74,300
Cash Value Life Insurance	313,000
Other	<u>500</u>
Total Other Assets	<u>387,800</u>
TOTAL ASSETS	<u><u>\$20,291,300</u></u>

Note A - Market Value of Securities at August 28, 1982 were \$5,212,603

MOLDED FIBER GLASS COMPANIES
CONSOLIDATED BALANCE SHEET
AUGUST 28, 1982

(Unaudited)

<u>Liabilities & Net Worth</u>	<u>Total</u>
Current Liabilities:	
Notes Payable:	
Working Capital	\$
Accounts Payable:	
Trade	2,093,000
Accrued Liabilities:	
Income Tax Payable	205,100
Other	<u>1,965,400</u>
Total Current Liabilities	<u>4,263,500</u>
Long-Term Debt:	
Banks	7,523,700
Other	<u>272,700</u>
Total Long-Term Debt	<u>7,796,400</u>
Deferred Income, Expenses & FIT	<u>817,100</u>
Stockholders' Equity:	
Class A & B Stock	1,468,000
Retained Earnings	5,593,000
Net Income - Current Year	<u>353,300</u>
Total Stockholders' Equity	<u>7,414,300</u>
TOTAL LIABILITIES & STOCKHOLDERS' EQUITY	<u>\$20,291,300</u>

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT REPLY, RECOMMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

**LIBERTY
MUTUAL**



LIBERTY MUTUAL INSURANCE COMPANY • LIBERTY MUTUAL FIRE INSURANCE COMPANY • BOSTON

This is to Certify that

Molded Fiber Glass Companies
1315 West 47th Street
Ashtabula, OH 44004

Name and
address of
Insured.

is, at the date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY		EXPIRATION DATE	POLICY NUMBER	LIMITS OF LIABILITY	
WORKERS' COMPENSATION				COVERAGE AFFORDED UNDER W.C. LAW OF FOLLOWING STATES	LIMIT OF LIABILITY-COV B (Indicate Limit for each state)
				MARITIME COVERAGE-FOLLOWING STATES	LIMIT OF LIABILITY MARITIME COVERAGE
GENERAL LIABILITY	<input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> SCHEDULE FORM	9/1/83	LG1-181-014191-172	BODILY INJURY	
	EACH OCCURRENCE				
	PROPERTY DAMAGE				
	EACH OCCURRENCE				
<input checked="" type="checkbox"/> PRODUCTS COMPLETED OPERATIONS <input type="checkbox"/>			\$ 1,000,000	\$ 500,000	
<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS/CONTRACTORS PROTECTIVE <input type="checkbox"/>			\$ 1,000,000	\$ 500,000	
<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/>			COMBINED SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE		
			\$	EACH OCCURRENCE	
			\$	AGGREGATE	
AUTO LIABILITY	<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED			EACH PERSON EACH ACCIDENT OR OCCURRENCE	EACH ACCIDENT OR OCCURRENCE
				EACH ACCIDENT-SINGLE LIMIT-B.I. AND P.D. COMBINED	
OTHER					
LOCATION(S) OF OPERATIONS & JOB # (If Applicable)			DESCRIPTION OF OPERATIONS:		

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW). BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 60 DAYS NOTICE OF SUCH CANCELLATION OR REDUCTION HAS BEEN MAILED TO:

United States Environmental Protection
Agency
RCRA Activities
Attn: Financial Requirements
P.O. Box A3587
Chicago, IL 60690

Angela R. Orlando
AUTHORIZED REPRESENTATIVE

10/7/82
DATE ISSUED

Erie, PA
OFFICE

js

**D. Corrective
Action**

D-8J

January 8, 1998

Patricia Brown-Derocher
Regional Manager
TechLaw Inc.
10 South Wacker Drive
Suite 2100
Chicago, Illinois 60606

Reference: EPA Contract No. 68-W4-0006; Work Assignment No. R05052

Dear Ms. Brown-Derocher:

I have reviewed the Preliminary Assessment/Visual Site Inspection (PA/VSI) and NCAPS Scoring Report for Molded Fiber Glass U.S. EPA ID No. OHD 049 375 215 enclosed with your letters of December 31, 1997 and January 14, 1998 respectively. The PA/VSI Report and NCAPS Scoring Report that were enclosed constitute an acceptable the final deliverable for this facility.

Please provide Molded Fiber Glass and the Ohio EPA with a copy of this finding for their records.

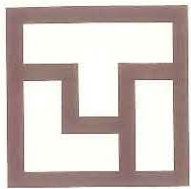
Please contact me at (312) 886-0977 if you have any questions.

Sincerely,



Gerald W. Phillips
Corrective Action Process Manager
Waste, Pesticides and Toxics Division

cc: F. Norling, U. S. EPA
R. Young, TechLaw



10 SOUTH WACKER DRIVE, SUITE 2100, CHICAGO, IL 60606

PHONE: (312) 578-8900
FAX: (312) 578-8904

TECHLAW INC.

RZ2.R05052.01.ID.057

December 31, 1997

Mr. Gerald Phillips
U.S. Environmental Protection Agency
Region 5 D-8J
77 West Jackson Boulevard
Chicago, Illinois 60604

Reference: EPA Contract No. 68-W4-0006; Work Assignment No. R05052; Environmental
Priorities Initiative (EPI) Assessments; Molded Fiber Glass Company,
Ashtabula, Ohio, EPA I.D. No. OHD049375215; PA/VSI Report; Task 04
Deliverable

Dear Mr. Phillips:

Please find enclosed the Preliminary Assessment/Visual Site Inspection (PA/VSI) Report for
the referenced facility.

Should you have any questions or require additional information, please feel free to contact me
at 312-345-8963 or Mr. Rob Young at (312) 345-8966.

Sincerely,

Patricia Brown-Derocher
Regional Manager

Enclosure

cc: F. Norling, EPA Region 5, w/o attachment
W. Jordan/Central Files
R. Young
Chicago Central Files



**PRELIMINARY ASSESSMENT/VISUAL SITE INSPECTION REPORT
FOR
MOLDED FIBER GLASS COMPANY
4401 BENEFIT AVENUE
ASHTABULA, OHIO
EPA I.D. NO. OHD049375215**

Submitted to:

**Mr. Gerald Phillips
U.S. Environmental Protection Agency
Region 5 D-8J
77 West Jackson Boulevard
Chicago, Illinois 60604**

Submitted by:

**TechLaw, Inc.
10 South Wacker, Suite 2100
Chicago, Illinois 60606**

**EPA Work Assignment No.
Contract No.
TechLaw WAM
Telephone No.
EPA WAM
Telephone No.**

**R05052
68-W4-0006
Mr. Rob Young
312/345-8966
Mr. Gerald Phillips
312/886-0977**

December 31, 1997

**PRELIMINARY ASSESSMENT/VISUAL SITE INSPECTION REPORT
FOR
MOLDED FIBER GLASS COMPANY
ASHTABULA, OHIO
EPA I.D. NO. OHD049375215**

TABLE OF CONTENTS

	Page
I. EXECUTIVE SUMMARY	I-1
II. SITE DESCRIPTION	II-1
III. SOLID WASTE MANAGEMENT UNITS	III-1
IV. AREAS OF CONCERN	IV-1
V. CONCLUSIONS	V-1
VI. REFERENCES	VI-1

Tables

Table 1	Solid Waste Management Units (SWMUs) and Areas of Concern (AOCs)	III-2
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Appendices

Appendix A	Visual Site Inspection Photograph Log
Appendix B	Visual Site Inspection Field Notebooks
Appendix C	Facility Layout and SWMU/AOC Locations

I. EXECUTIVE SUMMARY

The first step in implementing the corrective action provisions of the 1984 Hazardous and Solid Waste Amendments (HSWA) to the Resource Conservation and Recovery Act (RCRA) is the RCRA Facility Assessment. The purpose of the RFA is to identify environmental releases or potential releases from Solid Waste Management Units (SWMUs) and Areas of Concern (AOCs) that may require corrective action by the facility owner. A Preliminary Assessment/Visual Site Inspection (PA/VSI) is a form of an RFA suitable for implementing the corrective action provisions of HSWA. This PA/VSI Report constitutes the reporting requirement for the RFA at the Molded Fiber Glass Company (MFG) facility.

A Preliminary Assessment (PA) of the available U.S. Environmental Protection Agency (USEPA) and Ohio Environmental Protection Agency (OEPA) file materials was conducted by TechLaw's subcontractor Metcalf & Eddy, Inc. (M&E) to gain familiarity with past compliance history, evidence of past releases, potential migration pathways, potential for exposure to any released hazardous constituents, closure methods and dates, citizen complaints, manufacturing processes, and waste management practices at the MFG facility.

A Visual Site Inspection (VSI) was conducted on September 10, 1997, by M&E to identify and characterize the SWMUs and AOCs. Additional file material was provided to M&E during the VSI by Ms. Christine Gammon, MFG Environmental Engineer. Photographs were taken during the VSI and are documented in Appendix A of this report. The VSI field notes are included in Appendix B and a site map showing SWMU and AOC locations is presented in Appendix C.

A total of four SWMUs and one AOC were identified and are described in Sections III and IV of this report. M&E characterized three of the SWMUs as having a low potential for release and the Former Hazardous Waste Storage Area/Current Satellite Accumulation Areas (SWMU 2) as having a high potential for release. The higher potential for release from SWMU 2 is due to insufficient information regarding hazardous waste storage for approximately 40 years between 1948 and 1987.

The Former Styrene UST (AOC A) is also characterized as having a high potential for release. Confirmation soil samples taken during removal of the Former Styrene UST detected styrene at concentrations of 0.011 mg/kg and 0.016 mg/kg. A closure report was prepared for the Former Styrene UST (AOC A) and submitted in accordance with 40 CFR Part 280 and the State of Ohio Bureau of Underground Storage Tank Regulations (BUSTR).

II. SITE DESCRIPTION

The MFG facility is located at 4401 Benefit Avenue in Ashtabula, Ohio. The site is located in a mixed-use industrial and commercial/residential area bordered by railroad tracks to the west and southwest, Ashland Chemical to the south, Benefit Avenue to the east, and industry to the north. The areas immediately east and south of the site are a mixture of residential and commercial use.

The facility consists of a 160,000 square foot building with five acres of land. Approximately one-half of the building is used for the storage of raw materials, tools, and finished product. The other half of the facility consists of manufacturing lines. The plant operates 24 hours per day, six to seven days per week. A fence surrounds the facility, however there is no front-gate security at the plant.

The plant was constructed in 1946 as a pulp-reinforced plastic manufacturer. MFG purchased the facility in 1948 and began manufacturing fiber glass-reinforced plastics. MFG produces a wide variety of molded fiber glass products from resin impregnated cloth using sheet molding compounding, manual coating of fiber glass, and pressure molding.

The sheet molding process is the process of spraying fiber glass onto molds to produce the foundation of the fiber glass product. These fiber glass foundations are then manually coated with resins. The resins are batch mixed and taken to the molding lines in 55-gallon drums or barrels. The resins are manually applied to the forms by pouring them from pitchers. The coated form is then pressure molded in a press with heat to make the final product.

Hazardous waste streams are generated when unused resins are removed from the barrels and pitchers. Waste solvents are generated when solvents are used to clean the molds, machines, barrels, and pitchers. Hazardous waste streams include chlorinated solvents (F002/F005), methyl ethyl ketone (F005), parts washer solvents (D001), unused resin (D001), acetone (F003), and a solids/solvents mixture (F005). Approximately four, 55-gallon drums of hazardous waste are shipped off-site every two weeks.

Environmental Setting

The topography of the MFG site is relatively flat and covered primarily with glaciated soil. The bedrock geology of the area is composed of Devonian Ohio Shale. Soil deposits are a result of multiple periods of glaciation, the most recent period being the Wisconsin Age. The Conneaut-Elnora surface soil types at the site range from highly organic to sandy and acidic in composition. Although there are no groundwater wells located at the facility, groundwater was encountered during the removal of the Former Styrene UST (AOC A) at four feet below ground surface.

The nearest surface water is the Ashtabula River which is approximately one and one-quarter miles to the east of MFG facility. However, the facility is located outside the 100 year flood plain of the Ashtabula River.

The facility does not discharge process wastewater and does not maintain any permitted outfalls. Stormwater from the site is collected in municipal storm sewers operated by the City of Ashtabula and is likely discharged to the Ashtabula River which is primarily used for recreation and industrial uses. Drinking water in the vicinity of the facility is taken from Lake Erie located approximately two miles north of the facility.

Regulatory History

On September 9, 1985, the MFG facility was the subject of an Environmental Assessment by the Ohio Environmental Protection Agency (OEPA). Based on this assessment, it was recommended by OEPA that the MFG facility be given a low priority for state CERCLA investigations since there was no evidence of unregulated activities at the site.

On June 20, 1996 OEPA performed a Compliance Evaluation Inspection (CEI) of the MFG facility. It was determined from this inspection that MFG had violated several state hazardous waste regulations, including storage of open drums of hazardous wastes in the barrel room and improper labeling and storage times for hazardous wastes.

In the late 1980's, the facility was operating with MFG Plant Two, also located in Ashtabula, under the current USEPA identification number. MFG Plant Two now operates under a separate USEPA identification number (OHD153745138). In July of 1996, the MFG facility switched from Small Quantity Generator (SQG) status to Large Quantity Generator (LQG) status.

The facility does not discharge process wastewater, therefore, the facility does not have an NPDES permit. Stormwater from the facility is discharged to the municipal sewer system of Ashtabula.

The facility operates under Air Permit Facility Number 0204010173. No air permit violations were noted in the available files.

Release History

There have been no releases identified for any of the SWMUs at the MFG facility.

Evidence of a release has occurred at the Former Styrene UST (AOC A). Confirmation soil samples taken during the removal of the Former Styrene UST detected styrene at

concentrations of 0.011 mg/kg and 0.016 mg/kg, although the depth of these samples was not clear from the closure report. The Former Styrene UST was excavated to a depth of eight feet below ground surface, and there is a high probability that styrene was released to groundwater, which was encountered at four feet below ground surface during excavation.

A closure report was prepared for the Former Styrene UST (AOC A) and submitted in accordance with 40 CFR Part 280 and the State of Ohio Bureau of Underground Storage Tank Regulations (BUSTR). According to MFG, BUSTR required no further action for the Former Styrene UST (AOC A).

Based on what?

III. SOLID WASTE MANAGEMENT UNITS

This section presents descriptions of the SWMUs identified during the PA/VSI for the MFG facility. Photograph numbers correspond to those presented in the Visual Site Inspection Photograph Log in Appendix A.

Table 1. Solid Waste Management Units and Areas of Concern

<u>SWMU/AOC</u>	<u>Description</u>	<u>Release Potential</u>
1	Current Hazardous Waste Storage Area	Low
2	Former Hazardous Waste Storage Area/ Current Satellite Accumulation Areas	High
3	Temporary Hazardous Waste Storage Area	Low
4	Parts Washer	Low
A	Former Styrene UST	High

SWMU 1 - Current Hazardous Waste Storage Area

Photograph No(s): 1

Period of Operation: 1994 to Present

Location: This unit is located inside the facility building near the receiving/loading dock.

Physical Description: This unit consists of a six foot by eight foot containment storage pad, which is used to store hazardous wastes prior to shipment for off-site disposal. Currently, approximately four, 55-gallon drums of hazardous waste are shipped off-site every two weeks.

Wastes Managed: This unit manages chlorinated solvents (F002/F005), methyl ethyl ketone (F005), parts washer solvents (D001), unused resin (D001), acetone (F003), and a solids/solvents mixture (F005).

History of Releases: No history of releases or evidences of releases were identified through the review and inspection process of the PA/VSI.

Potential for Past/Present Release:

High	()
Moderate	()
Low	(X)

Conclusions: No further action is recommended for this SWMU since this unit has no history of releases, showed no evidence of releases, and is constructed with secondary containment.

**SWMU 2 - Former Hazardous Waste Storage Area/
Current Satellite Accumulation Areas**

Photograph No(s): 2, 3, 4, 5

Period of Operation: 1948 to Present

Location: This unit is located in the barrel room in the center of the building near the east end of the manufacturing area.

Physical Description: During the VSI, facility personnel indicated that they did not know exactly where hazardous waste was stored on the property between 1948 and 1987, when the Former Hazardous Waste Storage Area (SWMU 3) began operations. While SWMU 2 is currently being used as satellite accumulation areas, it is possible that this area was used as the primary storage area for hazardous waste for approximately 40 years between 1948 and 1987. Using current generation estimates of four, 55-gallon drums of hazardous waste every two weeks, it is possible that this area once stored a significant number of drums for a significant period of time in the past.

Currently, the area consists of a concrete floor process and storage area which is used as a Hazardous Waste Satellite Storage Area for four, 55-gallon drums: one drum in the Bench Barrel Satellite; Drippings Satellite; and two drums in the Spent Solvent Satellite. The Bench Barrel Satellite is used to collect unused resin ignitables from the bench barrels located on the press lines. At the time of the VSI, a single drum was being stored with no secondary containment. The Drippings Satellite is used to collect unused resin ignitable drippings from pitchers used in applying the resin mix to molds in the press lines. During the VSI, the single drum was located in a drip pan on a wooden pallet. The Spent Solvent Satellite consists of two, 55-gallon drums that formerly stored waste methylene chloride used as a solvent/cleaner generated from the cleaning of presses and forms. Application rags containing solvents are currently laundered by an off-site service. Since April 1997, methylene chloride has been replaced with Chemical Solvent SP182. At the time of the VSI, the two drums in the Spent Solvent Satellite were stored on a secondary containment platform.

Wastes Managed: This unit currently manages waste styrene (D001), waste methylene chloride (F002), waste spent solvent mixtures (D001, D018, F003). It is possible that this area managed these same wastes in the past when this area served as a storage area for hazardous waste.

SWMU 2 - Former Hazardous Waste Storage Area/
Current Satellite Accumulation Areas (Continued)

History of Releases: Although no documented releases were identified in OEPA file materials, there is a high degree of uncertainty regarding storage practices of hazardous waste for nearly 40 years between 1948 and 1987. There is a high probability that releases occurred during this period, given the lack of information regarding the historical operation of this unit and the high volumes of hazardous waste which could have been stored in this area.

Potential for Past/present Release:

High	(X)
Moderate	()
Low	()

Conclusions: Further investigation should be undertaken to determine probable areas where hazardous wastes were stored between 1948 and 1987. Sampling is recommended for this unit to confirm the presence or absence of hazardous constituents in soil and groundwater beneath this unit. Any further action regarding this unit should be coordinated with OEPA personnel.

SWMU 3 - Temporary Hazardous Waste Storage Area

Photograph No(s): No Photograph Available

Period of Operation: 1987 to 1989

Location: This unit was located where the western portion of the main facility building is currently located.

Physical Description: This unit, which was removed from the facility in 1994, consisted of a diked building that was used to store hazardous wastes for less than 90 days prior to transport off-site. The building dimensions were not specified in the files however, the files indicate that the building was constructed to provide containment for spills.

There was no indication that MFG violated the 90 day storage permit for the Temporary Hazardous Waste Storage Area.

Wastes Managed: This unit primarily managed spent solvents.

History of Releases: No releases were identified in OEPA file materials or during the VSI.

Potential for Past/Present Release:

High	()
Moderate	()
Low	(X)

Conclusions: No further action is recommended for this SWMU since no history of releases or evidence of releases were identified during the PA/VSI.

SWMU 4 - Parts Washer

Photograph No(s): 6

Period of Operation: Late 1980s to Present

Location: This unit is located in the hydraulic room in the center of the plant.

Physical Description: This unit consists of a dip-bath, solvent-based parts washer where organic material is removed from machinery parts. The unit manages less than 55-gallons of solvent at any one time.

Wastes Managed: This unit manages spent solvents reported as D001, D006, D008, D018, D035, D039 and D040.

History of Releases: No history of releases or evidence of releases were identified through the review and inspection process of the PA/VSI.

Potential for Past/Present Release:

High	()
Moderate	()
Low	(X)

Conclusions: No further action is recommended for this SWMU since no history of releases or evidence of releases were identified during the PA/VSI.

IV. AREAS OF CONCERN

This section presents a description of the Area of Concern (AOC) identified during the PA/VSII of the MFG facility.

AOC A - Former Styrene UST

Photograph No(s): No Photograph Available

Description: This unit consists of a former 3,000 gallon, steel UST which was used to store styrene product. The UST was single-walled, anodized, and contained an epoxy-coated interior.

The UST was removed on November 18, 1991. A concrete vault was placed on top of the tank where a man way, supply line, feed line, and vent line were positioned.

Styrene was detected at 0.011 mg/kg and 0.016 mg/kg in confirmation soil samples taken at the base of the UST excavation during closure.

A closure report was prepared for the Former Styrene UST and submitted in accordance with 40 CFR Part 280 and the State of Ohio Bureau of Underground Storage Tank Regulations (BUSTR). According to MFG, BUSTR required no further action for the Former Styrene UST.

Conclusions: Although the Former Styrene UST has been closed through the State of Ohio BUSTR, this AOC is characterized with a high release potential based on styrene detections in soil surrounding the UST. It is recommended that sampling be undertaken to determine the nature and extent of styrene contaminated soils at this AOC. Further action should be coordinated with the State of Ohio BUSTR.

V. CONCLUSIONS

Further action is recommended for the Former Hazardous Waste Storage Area/Current Satellite Accumulation Areas (SWMU 2) and the Former Styrene UST (AOC A).

Former Hazardous Waste Storage Area/Current Satellite Accumulation Areas (SWMU 2)

Further investigation should be undertaken to determine where hazardous wastes were stored between 1948 and 1987. Although no documented releases were identified in OEPA file materials, there is a high degree of uncertainty regarding storage practices and the operation of this unit for nearly 40 years between 1948 and 1987. There is a high probability that releases occurred during this period, given the lack of information regarding the historical operation of this unit and the high volumes of hazardous waste which could have been stored in this area. Sampling is recommended for this unit to confirm the presence or absence of hazardous constituents in soil and groundwater beneath this unit. Any further action regarding this unit should be coordinated with OEPA personnel.

Former Styrene UST (AOC A)

A closure report was prepared for the Former Styrene UST (AOC A) and submitted in accordance with 40 CFR Part 280 and the State of Ohio Bureau of Underground Storage Tank Regulations (BUSTR). According to MFG, BUSTR required no further action for the Former Styrene UST (AOC A).

Although the Former Styrene UST (AOC A) has been closed through the State of Ohio BUSTR, this AOC is characterized with a high release potential based on styrene detections in soil surrounding the UST. It is recommended that sampling be undertaken to determine the nature and extent of styrene contaminated soils at this AOC. Further action should be coordinated with the State of Ohio BUSTR.

VI. REFERENCES

1. VSI Logbook, R. Budzilek and J. Krebs, Metcalf & Eddy, Inc., September 10, 1997.
2. 1995 Fee Emission Report, Molded Fiber Glass Company, dated May 1, 1996.
3. Underground Styrene Storage Tank Closure and Assessment Report for Molded Fiber Glass Plant #1 and Plant #2, prepared by Ecology Technologies, Inc., dated November 25, 1991.
4. Preliminary Assessment Report, prepared by Ohio EPA, dated September 9, 1985.
5. Hazardous Waste Inspection Report for Molded Fiber Glass Plant #2, prepared by Ohio EPA, dated September 6, 1989.
6. 1995 Hazardous Waste Report for Molded Fiber Glass Plant #1, prepared by Molded Fiber Glass, dated February 19, 1996.
7. Response Letter from Molded Fiber Glass to Ohio EPA, prepared by Christine Gammon, dated July 18, 1996.
8. Response Letter from Molded Fiber Glass to Ohio EPA, prepared by Christine Gammon, dated August 27, 1996.

APPENDIX A
Visual Site Inspection Photograph Log



Photo No.: 1
Date: 9/10/97

Time: Approximately 1000
Direction: North

Description: View of the Current Hazardous Waste Storage Area (SWMU 1).



Photo No.: 2
Date: 9/10/97

Time: 1000 (Approximately)
Direction: North

Description: View of barrel room which housed the Former Hazardous Waste Storage Area and Current Satellite Accumulation Areas (SWMU 2).



Photo No.: 3
Date: 9/10/97

Time: 1000 (Approximately)
Direction: South

Description: View of the Bench Barrel Satellite Drum as part of the Former Hazardous Waste Storage Area/Current Satellite Accumulation Areas (SWMU 2).



Photo No.: 4
Date: 9/10/97

Time: 1000 (Approximately)
Direction: South

Description: View of the Drippings Satellite Drum as part of the Former Hazardous Waste Storage Area/Current Satellite Accumulation Areas (SWMU 2).



Photo No.: 5
Date: 9/10/97

Time: 1000 (Approximately)
Direction: North

Description: View of the two (2) Spent Solvent Satellite Drums as part of the Former Hazardous Waste Storage Area/Current Satellite Accumulation Areas (SWMU 2).



Photo No.: 6
Date: 9/10/97

Time: 1000 (Approximately)
Direction: North

Description: View of Parts Washer (SWMU 4).

APPENDIX B
Visual Site Inspection Field Notebook

CURVE FORMULAS

$$\begin{aligned} T &= R \tan \frac{1}{2} I \\ &= \frac{50 \tan \frac{1}{2} I}{\sin \frac{1}{2} D} \\ \sin \frac{1}{2} D &= \frac{50}{R} \\ \sin \frac{1}{2} D &= \frac{50 \tan \frac{1}{2} I}{T} \end{aligned} \quad \begin{aligned} R &= T \cot \frac{1}{2} I \\ R &= \frac{50}{\sin \frac{1}{2} D} \\ E &= R \operatorname{ex. sec} \frac{1}{2} I \\ E &= T \tan \frac{1}{2} I \end{aligned} \quad \begin{aligned} \text{Chord def.} &= \frac{\text{chord}^2}{R} \\ \text{No. chords} &= \frac{I}{D} \\ \text{Tan. def.} &= \frac{1}{2} \text{ chord def.} \end{aligned}$$

The square of any distance, divided by twice the radius, will equal the distance from tangent to curve, very nearly.

To find angle for a given distance and deflection.

Rule 1. Multiply the given distance by .01745 (def. for 1° for 1 ft.) and divide given deflection by the product.

Rule 2. Multiply given deflection by 57.3, and divide the product by the given distance.

To find deflection for a given angle and distance. Multiply the angle by .01745, and the product by the distance.

GENERAL DATA

RIGHT ANGLE TRIANGLES. Square the altitude, divide by twice the base. Add quotient to base for hypotenuse.

Given Base 100, Alt. 10. $10^2 \div 200 = .5$. $100 + .5 = 100.5$ hyp.

Given Hyp. 100, Alt. $25.25^2 \div 200 = 3.125$. $100 - 3.125 = 96.875 = \text{Base}$.

Error in first example, .002; in last, .045.

To find Tons of Rail in one mile of track: multiply weight per yard by 11, and divide by 7.

LEVELING. The correction for curvature and refraction, in feet and decimals of feet is equal to $0.574d^2$, where d is the distance in miles. The correction for curvature alone is closely, $\frac{1}{2}d^2$. The combined correction is negative.

PROBABLE ERROR. If d_1, d_2, d_3 , etc. are the discrepancies of various results from the mean, and if $\sum d^2$ the sum of the squares of these differences and n the number of observations, then the probable error of the mean = $\pm 0.6745 \sqrt{\frac{\sum d^2}{n(n-1)}}$

MINUTES IN DECIMALS OF A DEGREE

1'	.0167	11'	.1833	21'	.3500	31'	.5167	41'	.6833	51'	.8500
2	.0333	12	.2000	22	.3667	32	.5333	42	.7000	52	.8667
3	.0500	13	.2167	23	.3833	33	.5500	43	.7167	53	.8833
4	.0667	14	.2333	24	.4000	34	.5667	44	.7333	54	.9000
5	.0833	15	.2500	25	.4167	35	.5833	45	.7500	55	.9167
6	.1000	16	.2667	26	.4333	36	.6000	46	.7667	56	.9333
7	.1167	17	.2833	27	.4500	37	.6167	47	.7833	57	.9500
8	.1333	18	.3000	28	.4667	38	.6333	48	.8000	58	.9667
9	.1500	19	.3167	29	.4833	39	.6500	49	.8167	59	.9833
10	.1667	20	.3333	30	.5000	40	.6667	50	.8333	60	1.0000

INCHES IN DECIMALS OF A FOOT

1-10	3-32	16	3-10	16	5-16	36	34	58	26	
.0052	.0078	.0101	.0156	.0208	.0260	.0313	.0417	.0521	.0625	.0729
1	2	3	4	5	6	7	8	9	10	11
.0833	.1667	.2500	.3333	.4167	.5000	.5833	.6667	.7500	.8333	.9167

Molded Fiber Glasses Plant #1
SEPTEMBER 10, 1997

Ashtabula, Ohio
SURROUNDING AREA DRIVE BY
- RESIDENTIAL ON SOUTH SIDE
OF WEST 47th STREET

OTHER TENANTS OF BUILDING along 47th
- CREATIVE MILLWORK (WOOD WORK)
- CUSTOM WAREHOUSING
- DELTA CHEMICAL CORPORATION
- MFG?

CROSS STREET East side of Benefit
- ITEN INDUSTRIES (PLANT 2)

NORTH OF MFG?
- ASHLAND Chemical
(Composite polymers division)

* NEXT TO ASHLAND MFG PLANT 2
(NORTHSIDE)

- NORTH of plant 2 - ITEN INDUSTRIES
- Bordered on NW by CONRAIL Tracks
- East across Benefit - Reliance Electric

Thel P. Bessell 9/10/97

Nearest

Residential Area to MFG PLANT 1
= 0.15 miles

School on 47th Street

approx. 0.5 miles away from
MFG PLANT 1

0830 Arrived at Plant. Meeting
with MFGs

Bill Mako - MFG

Christine Gammon - MFG

Mike Massucci - MFG

Perry Bennett - MFG

Jim Krebs - MFG

Bob Budzilek - MFG

0930 Toured facility with all
MFG reps except Bill Mako.

Robert P. Buehl 9/10/97

9/10/97. cont.

Preforming area -

Glass Fiber is chopped and
sprayed onto forms.

Mix Room

Chemicals mixed for application
to Fiberglass

Bulk Resin Tanks. (Indoors)

* Polyester Resins

+ 35% Styrene

9 Tanks - 6-3K

- 3-6K

Drum

(Raw Materials) Storage Area -

- Styrene AST 3K (In contained)

- Drums Resins & Additives Pigments

- Contained floor, no cracks

Tank fill area - has spill containment.

Do have bottoms. Periodically

pumped out and shipped to

chemical solvents

Robert P. Buehl 9/10/97

9/10/97 cont.

Barrel Room, - Cleaning Area

SWMU 6 SP182 Haz Waste Accumulation Area

Barrel Dipping Haz Waste Site Storage Area

SWMU 6 Dipping Haz Waste Site Storage Area

All wastes sent to Chemical Solvents for Disposal.

Empty drums used as bench barrels.

SP 182 is a solvent used for cleaning. Cleaning is performed in the Barrel room

Jet Washer. - Self contained
Any mts are polymerized by heat and hence are solidified and post solid waste.

Robert P. Bingham 9/10/97

9/10/97 cont.

Haz Waste Accumulation Area in Loading Dock Area

SWMU #9
- Secondary Containment OK

Loading Dock. - All drums and packaged raw mtl's reveal that waste loaded out.

Storm Drain tested in area Press Lines

~~Pitches~~ see 9/10/97

- Bench Barrels contain resin mix.
- Resin applied by hand with pitches

- Empty barrels & pitchers cleaned in the barrel room.

Former UST for Styrene.

- No staining noticed.
- New by Storm sewer.
- Closure report.

Gasoline AST (for Top Motor)
NW corner of property.

Robert P. Bingham 9/10/97

9/10/97 cont.

924MU 8 Former Haz waste accumulation Area

- Currently under the bldg addition at W. end of facility.

Catalyst Storage Area
• contains peroxides
• 1 gallon containers

1045 Returned to meeting room.
MFG obtaining copies of Plant Drawing, MSDS of main concerns, copy of VST closure report.

1130 Broke for lunch

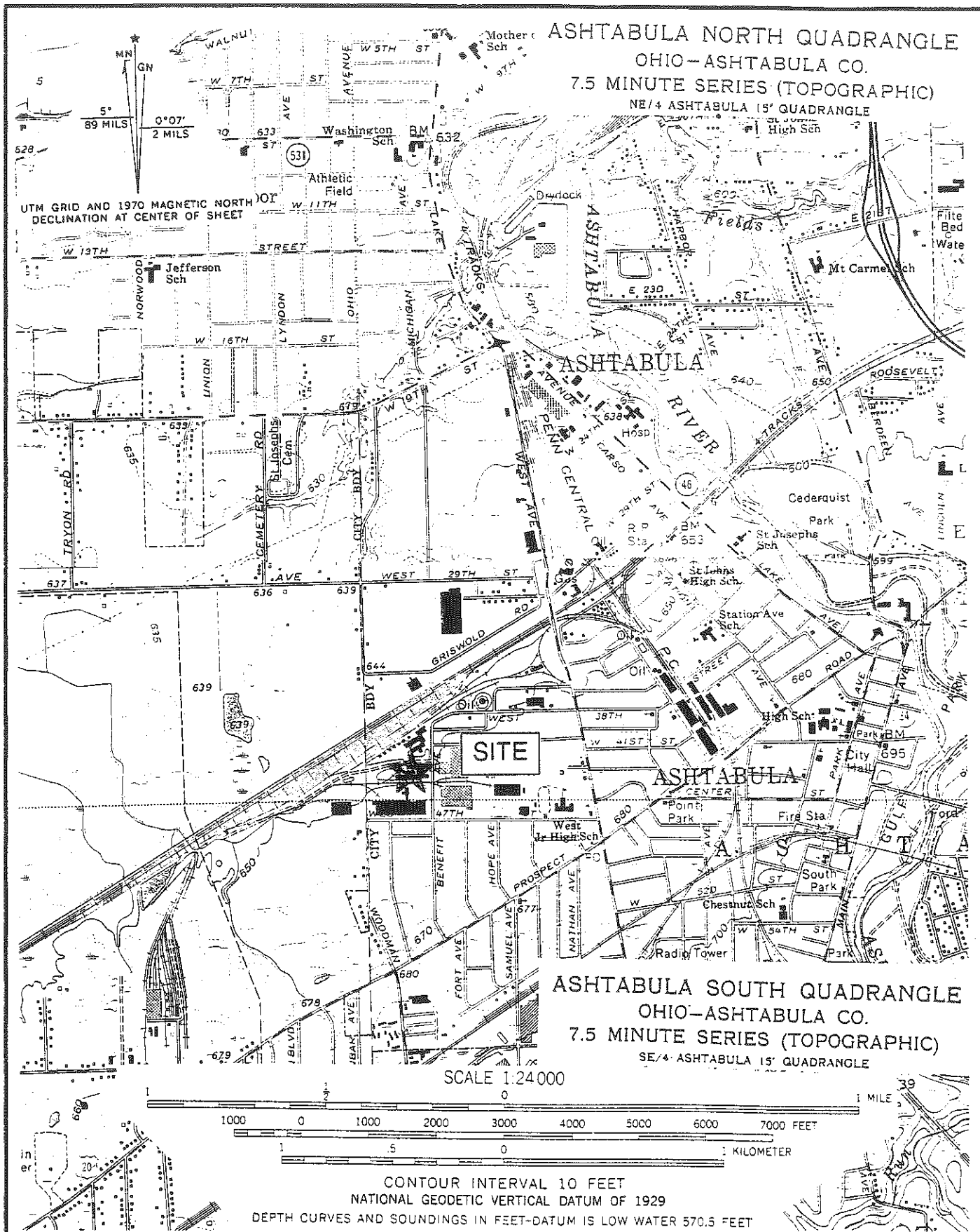
1200 Went to further inspect Catalyst storage Building.

Robert P. Bradford 9/10/97

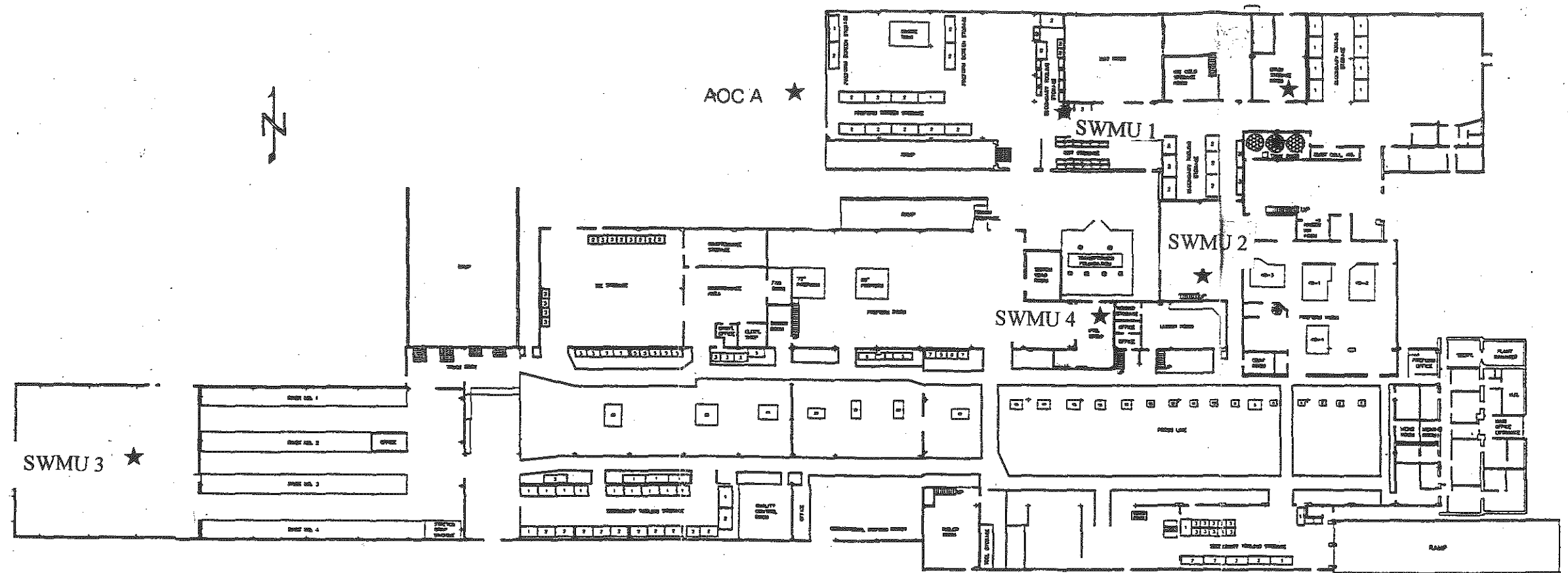
Current Haz waste Area
dimensions 26' x 8'

Catalyst Building
• 12' x 15' Cinder block Building.
• Refrigerator
• 1000 lbs

APPENDIX C
Facility Layout and SWMU and AOC Locations



	<p>GENERAL LOCATION MAP</p> <p>MOLDED FIBER GLASS</p> <p>ASHTABULA, OHIO</p>	<p>EPA I.D. # OHD049375215</p>	
		<p>File Name 067</p>	<p>Figure 1</p>



SWMU/AOC - ★



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